



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby control bearing Find of deposit.	irst Class P	ostage and addressed to the (	scribed document is being de Commissioner for Patents P.	eposited with the United States Postal Service in an envelope O. Box 1450, Alexandria, VA 22313-1450, on the below date				
Date of Deposit:	11/26/	03 Name of Person Making the Deposit:	KATHERINE RINALDI	Signature of the Person Making the Deposit: Kathurune Runald.				
·	-	of: Huy P. Nguyen		n Fouladi Semnani, Faranak				
Filed:	11/30/	01	Art Unit: 2	672				
INTEGF	RATED I	DISPLAY	MOVEABLE SEGMEN	TS THAT ARE INTERACTIVE WITH AN RECEIVED				
P.O. Bo	x 1450	or Patents		DEC 0 3 2003				
Alexand	iria, VA	22313-1450	AMENDMENT T	Technology Center 2600				
1.	Transm	itted herewith is an am	endment for this appli					
 Tra	12 ansmitte her:	d herewith is a respons sheets) d herewith are nt is other than a small	sheets of substitu	or the above identified patent application.				
			Extension of	Term				
3.	The pro	ceedings herein are fo	gs herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.					
(a)	[]	Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)						
		Extension [ ] one month [ ] two months [ ] three mont [ ] four month	s \$4 hs \$9	<u>e</u> 10.00 20.00 50.00 ,480.00				
			<u>F</u> e	ee \$				
If an ad	ditional e	extension of time is req	uired, please conside	r this a petition therefor.				
(b)	[X]	Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.						

Attorney Docket No.: PALM-3778.SG

## Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)									
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total				
Total Claims	20	- 24 =	0	x \$18.00	\$0.00				
Independent Claims	3	- 4 =	0	x \$86.00	\$0.00				
Multiple Dependent Claim Fee (one or more, first added by this \$290.00 amendment)									
Total Fees									

## **PAYMENT OF FEES**

- 5. The full fee due in connection with this communication is provided as follows:
- The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.
   A duplicate copy of this authorization is enclosed.
- [ ] A check in the amount of \$\frac{\xi}{2}\$
- [ ] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

## WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060

Respectfully submitted,

Date: November 26, 2003

Mehlin Dean Matthews Reg. No. 46,127